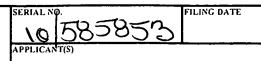
## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)



## CLAIMS

	AS FILED		AFTER 1"AMENDMENT		AFTER 2 MAMENDMENT				AS FILED		AFTER 1*AMENDMENT		AFTER 2 MAMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
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4		1		-				53 54						
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TOTAL DEP.	NR	<b>—</b>	a	<b>4</b>		<b>(-</b>		TOTAL DEP.		<b>(</b>	J	<b>4</b>	J	•
	<u> </u>		12					TOTAL CLAIMS						\$1625
PTO - 1360	(REV. 11/04	1)								U.S. DEPAR	TMENT of CO			